

VSH Governing Body Meeting Minutes

February 21, 2007, 1:30 pm

Medical Director's office

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| Type of meeting: | Oversight |
| Facilitator: | Frank Reed for Deputy Commissioner, Michael Hartman |
| Note taker: | Denise McCarty |
| Governing Body Members: | Dr. Bill McMains; Terry Rowe; Dr. Tom Simpatico; Dawn Philibert (designee for Sharon Moffatt); Steve Gold (designee for Secretary Cindy LaWare). |
| Attendees: | Jessica Oski; Wendy Beinner; Scott Perry Public: None |

AGENDA TOPICS: APPROVAL OF MINUTES FROM 1/17/07, EXECUTIVE DIRECTOR'S REPORT, QUALITY MANAGEMENT REPORT; MEDICAL DIRECTOR'S REPORT, OTHER BUSINESS, PUBLIC COMMENT.

Discussed: The January 2007 meeting minutes were reviewed. DP suggested to clarify that the Interim Mandatory Reporting policy that was approved last month was approved as a permanent policy and that the minutes should reflect this. BM moved to accept the minutes. DP seconded the motion to accept the minutes with suggested changes. All in favor. Minutes were approved with changes.

Conclusion: 1/17/07 minutes were approved with changes.

Action: Corrections will be made to the minutes by Denise

Person Responsible: Denise

Due Date:

Discussed: Executive Director's Report (Terry Rowe)

TR gave an update on a successful partnership with Department of Aging and Independent Living (DAIL) and VSH. TR gave an overview of the four long term patients that had been discharged on PPV in January. DAIL has a formal 3 month follow-up with these patients as a partnership with VSH to see how these patients are doing. These patients are doing extremely well. DAIL will train VSH staff, specifically social workers and nurses and, possibly training doctors if they have time, in eligibility determination for Choices for Care including patient profile and financial eligibility. VSH will collaborate with DAIL to identify VSH patients with nursing home level of care needs and mental health issues who may be eligible to participate. We are also making VSH trainings available to home providers that are interested in providing care to these specific patients. Information was sent to DAIL to educate them on VSH's PPV policy. VSH and DAIL are creating a protocol outlining the steps the two Departments will take once a patient has been identified for Choices of Care.

VSH and DAIL will meet with Susan Wehry on a monthly basis to discuss the development of a specialty care capacity in the community for patients. Discussion followed. WB defined "Peggy's Law" and what it requires when a patient is placed in a caregiver's home.

TR mentioned that VSH has decided to have a minor cut back to patient smoke breaks at 10 am and 1 pm because the patients were not participating in programming.

TR gave an overview of an RFQ that went out on a Risk Management system. We sent out an RFQ to Quantros for the purpose of getting a safety and risk management software solution to capture adverse events at VSH that will include both patient and staff injuries, environmental safety issues, adverse drug reactions, medication errors, complaints, etc. In addition it has a reporting module that will facilitate reports to the Health Department and Adult Protective Services . Questions were asked, discussion followed.

Patient Representative – Scott Perry and Linda Corey from Vermont Psychiatric Survivors collaboratively worked on the details of the job responsibilities for the VSH Patient Representative position. The Patient Representative will review the Patient's Rights for patients at admission as well as provide information about the grievance process. Questions were asked, discussion followed. This position will be advertised shortly. A panel will be assembled with members of VSH and VPS to select a candidate. This position will be co-managed by Scott Perry in the Quality Management Department and VPS.

Conclusion: n/a**Action:****Person Responsible:** N/A**Due Date:** N/A**Discussed: Quality Management Report (Scott Perry)**

SP reviewed his report on Injury Reports, Variance Reports, Patient Grievances for the month of January 2007. During January 2007, twenty

Patient Event/Injury reports were submitted, seven of which were reports of injury. All of the injuries were considered minor and all patients involved received an appropriate response from members of the clinical staff. The seven injuries were sustained by seven different patients. Four of the injuries were self-inflicted (caused slight break in skin with tip of a pencil; scratched own arm; bruised toe by kicking door; hurt knuckles by hitting sink with fist). Two minor injuries were sustained as a result of falls. One patient injured his groin while assaulting an employee. Scott reviewed the content of each grievance and noted that Anne Jerman had responded in writing to all of these grievances. Quantros software will be able to track and trend this information when we get the software online which will be helpful. BM suggested to add a summary of the findings of the Quality Council and what their assessments were of this information and if it warranted .systems changes, or no follow-up necessary. FR suggested to add detail in QA reports to indicate whether APS was notified or not notified about patient grievances and if there was an investigation resulting, Scott will include this information next month in his report.

Conclusions: none

Action: n/a

Person responsible: n/a

Due Date:

Discussed: Medical Director's Report (Dr. Tom Simpatico)

Dr. Simpatico gave a summary of the correlation between acute psychotic, non-medicated patients and injuries at VSH. BM asked a question about looking at the standard that VSH uses to determine if a situation is an "emergency" and if this should be looked at to see if the standard is too high and not keeping staff safe from injury. Discussion followed.

Update on the deployment of the UCLA Skills Modules at VSH – Continuing to go well. Progressive interest from staff running the groups. We are purchasing two more modules to help development consistency with program. Questions asked and discussion followed.

Second Spring Update – Staff are still being hired. Second Spring is still slated to open in March. The licensing has been delayed. They will be included in the training to use the modules.

Update on Electronic Health Record System/Technology Task Force - The task force that was formed to evaluate technology has completed its' work. It will be submitting a recommendation to the Secretary.

TS clarified each software and the benefits of each and how they would interact with each other: med management system, psych consult, mediware module, CRIS, and Quantros.to tailor it for use at VSH. Discussion followed.

Conclusions: no action needed at this time

Action: n/a

Person responsible:

Due Date:

Discussed: Other Business: Policy Development Guidelines

JO and TR made some changes to the policy guidelines to make it more clear what the options are especially surrounding interim policies. JO will send a revised version to members to discuss at next month's meeting. BM asked if the interim policy process shuts out public comments? And if not, where does the process allow for public comment opportunities for interim policies in comparison to regular policies? JO reviewed the process. Public comment is allowed with interim policies but the timeline is more limited than regular policies. TR reminded members that interim policies are reviewed at public policy committee meetings as well as the governing body meetings. Discussion followed. SG suggested that the revised policy development guidelines be posted for public comment. JO will put it on the next agenda of the policy committee to discuss.

Conclusion: JO will distribute the revised policy guideline process to the members; the revised guidelines will be on the next Policy Committee agenda to discuss posting the revised guidelines for public comment.

Action: See above

Person Responsible: Jessica Oski

Due Date:

Discussed: Public comments: No members of the public were present but written submission from the public were reviewed during the public comment period of the meeting. Anne Donahue submitted written comments which were responded to by Jessica Oski. Regarding the Mandatory Reporting Policy. DOJ had made some recommendations about the way investigations are conducted into mandated reporting and reports of abuse and neglect and exploitation. There is some confusion between staff and legal staff need to work out with DOJ, it has not been the policy that VSH staff do the investigation. That is a function of Adult Protective Services who are trained to do this type of investigation not VSH so we need to clarify with DOJ We did not incorporate this into our current policy because we are not taking on that responsibility. JO said there currently is an interim policy on advance directives that is in line with the new law and legal is working on drafting an amendment for the policy committee to work on to include references to the new registry for advance directives. We will need to schedule some trainings for staff on using the new directives policy. Nurse ratio postings issue – Anne Jerman does have that information about nurse ratios, we do post it, we are aware of it, and it is available.

Conclusions: n/a

Action: n/a

Person responsible: n/a

Due Date:

The meeting adjourned at 3:00 pm. The next meeting will be on March 21, 2007 at 1:30 pm.

Respectfully submitted,

Denise McCarty
Minute Taker